

Case Number:	CM15-0131802		
Date Assigned:	07/20/2015	Date of Injury:	11/02/2014
Decision Date:	09/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female, who sustained an industrial injury on November 2, 2014. She reported an injury to her head and neck and was diagnosed with a concussion. She reported headaches, slowness in mental functions, photophobia and dizziness. She was found to have significant cervical paraspinal muscle spasm related to her head and neck injury. Treatment to date has included an diagnostic imaging, Botox injection, psychotherapy and medications. Currently, the injured worker complains of constant burning about the left eye, neck pain, mental and physical sluggishness, difficulty coming up with words and doing calculations and constant fatigue. She reports a decreased sense of well-being. On physical examination the injured worker has a straightened cervical lordosis. She has mild spasm and pain to palpation over the paraspinal muscles and the trapezius areas. The diagnoses associated with the request include status post traumatic brain injury with possible basilar skull/left orbital fracture, post-traumatic left trigeminal neuralgia, left-sided sensory neural hearing loss, reflex and muscle bulk changes consistent with C5-7 radiculopathy, cervical torticollis and status post-concussion. The treatment plan includes discontinuation of Topamax, initiation of Tegretol, Xanax as needed for anxiety, MRI of the brain, CTA of the neck and brain vessels, electroencephalogram, ENT evaluation, ophthalmology evaluation and regular psychological counseling

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neuro psych counseling: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) brain, cognitive testing.

Decision rationale: ODG guidelines support referral for specialty evaluation and cognitive evaluation when there is evidence of brain injury and examination notes abnormal neurologic examination. The medical records indicate an inciting event of a fall with reported symptoms of brain injury with word and calculation difficulty and neurologic deficit of strength asymmetry. As such congruent with ODG guidelines, the medical records support referral for cognitive evaluation.

24 hour amb. EEG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) brain, EEG.

Decision rationale: The medical records provided for review do not indicate signs or symptoms in suspicion of a seizure disorder. There is no documented physical examination or description of stereotypical events consistent with seizure. As such, EEG is not supported by the medical records for assessment or stabilization of the insured.

Xanax 0.125 mg -0.25 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, benzodiazepines.

Decision rationale: ODG guidelines support xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-

14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm.

Carbamazepine 100, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiseizure medications Page(s): 16.

Decision rationale: The medical records provided for review do not indicate signs or symptoms in suspicion of a seizure disorder. There is no documented physical examination or description of stereotypical events consistent with seizure. There is no indication of brain injury by reported MRI. As such, carbamazepine is not supported by the medical records for treatment.

Lab work: FSH, LH, prolactin, RPR, TSH, BMP, CBC, ACTH plasma, Estradiol, Vit B12/Folic acid, Cortisol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's principles of medicine - endocrine testing.

Decision rationale: The medical records report brain injury but does not indicate rationale for laboratory testing ordered. There is no indication of endocrine disturbance, adrenal insufficiency, or hormonal abnormality. As such, the medical records do not support requested lab testing.